

APPLICATION FOR NEW SECOND DWELLING UNIT

Town of Los Gatos- COMMUNITY DEVELOPMENT DEPARTMENT

Civic Center: 110 E. Main Street, Los Gatos, CA 95032

Date Received: _____

Phone: (408) 354-6874 Fax: (408) 354-7593

Mailing Address: P.O. Box 949, Los Gatos, CA 95031

Application # _____

1. PROPERTY LOCATION:

Address of subject property: _____

2. PROPERTY DETAIL:

Lot area: _____ Zoning: _____ APN: _____

3. PROPERTY OWNER:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____

Zip: _____

I hereby certify that I am the owner of record of the property described in Box #1 and that I approve of the action requested herein.

SIGNATURE OF PROPERTY OWNER: _____

DATE: _____

4. APPLICANT: (If same as above, check here _____)

Name: _____ Phone: _____

Address: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

****DO NOT WRITE IN THIS SPACE**

PLANSEC	\$ 816.00
PTRACPLN	\$ 32.64
PLANAP	\$ 81.60
TOTAL	\$ 930.24
*RT85STUD	\$ 81.60
TOTAL	\$ 1,011.84

* If site is located within Route 85 Study Plan Area

